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ABSTRACT

Health concerns that refugees and immigrants might have are discussed in a culturally relevant and sensitive way, and information on sensitive topics, such as drugs, sexuality, and Acquired Immune Deficiency Syndrome (AIDS) is provided so that refugee and immigrant parents can protect themselves as well as teach their children to protect themselves. Among the challenges refugee and immigrant families face in America is balancing two cultures-their own and the mainstream ways. Because this is most evident in the way parents raise their children, lessons are included that discuss the teenage years, puberty, sexuality, drugs and alcohol, topics that are difficult for refugee and immigrant parents to talk about with their children. Each lesson draws heavily on the students' cultural background, so that topics are discussed not only in the context of American culture, but also in the context of the experience of each cultural group. The general lesson format is fashioned after a problem posing format that has proven to be effective in teaching English as a Second Language (ESL) contextually at the Refugee Women's Alliance. (Adjunct ERIC Clearinghouse on Literacy Education) (Author/AB)

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ED 364 119

HEALTH THROUGH KNOWLEDGE: An ESL Curriculum With A Special Focus On AIDS Awareness

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Refugee Women's Alliance
Seattle, Washington.

June 1993

EL 800 695

HEALTH THROUGH KNOWLEDGE:
An ESL Curriculum With a Special Focus on AIDS Awareness

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INTRODUCTION

The purpose of this curriculum is to address some health concerns that refugees and immigrants have, in a culturally relevant and sensitive way. It is also the purpose to provide information on sensitive topics such as drugs, sexuality and AIDS so that refugee and immigrant parents can protect themselves as well as teach their children to protect themselves, thereby playing their rightful roles as their children's teachers.

As we tried to map out the ESL AIDS curriculum, it became increasingly clear to us that any discussion of AIDS awareness must necessarily address the broader issues of health as well. A short survey given to Family Talk Time students at the beginning of this project, revealed that refugee and immigrant women have a multitude of concerns regarding their health and that of their family members'. Diabetes, high blood pressure, cancer, heart disease, AIDS and the various ways one can contract it, their children's exposure to drugs - these were among the concerns identified by the students.

Consequently, we decided that a more holistic curriculum would better reflect the needs of our clients. This also necessitated changing the name of the project from ESL AIDS curriculum to HEALTH THROUGH KNOWLEDGE.

Among the challenges refugee and immigrant families face in America is balancing two cultures, two systems - their own and the mainstream ways. This is most evident in the way parents raise their children. We found it important to include in the curriculum lessons that discuss the teenage years, puberty, sexuality, drugs and alcohol. These are topics that are difficult for refugee and immigrant parents to talk about with their children. In most cases there is nothing in their own upbringing that would have prepared them to raise a child outside of their native cultural context. The children invariably become exposed to and adapt the mainstream culture faster than their parents. The result can be disharmony within the family unit. This curriculum views health in a broad and preventive context. Hence, we include discussions of issues that have an impact on the family's physical and emotional health.

Each lesson draws heavily on the students' cultural background, so that topics are discussed not only in the context of American culture, but also in the context of the experience of each cultural group. This allows students to bring into the discussion their life experience regarding the topic. It also allows them to compare and contrast the two cultures that they are living in.

The general lesson format is fashioned after a problem posing format that has proven to be effective in teaching ESL contextually at the Refugee Women's Alliance.

We have incorporated the debate format many of the lessons because we found it to be a useful tool in many

ways. It helps students express their ideas verbally, thus practicing the English language. It teaches them the discipline of working in a group and contributing individual input toward a group position. As students gather their ideas for the issue being debated, they draw on the information taught from the lesson.

We have used this curriculum successfully with students in our Family Talk Time class comprised of women speaking Amharic, Cambodian, Lao, Mien, Oromo, Somali, and Vietnamese. This success is partly due to the careful work done by the teacher to build the level of trust necessary for discussing sensitive topics such as AIDS. We discourage using this curriculum without laying such necessary "ground work".

As with all curricula, others using it will have to adapt it to the specific needs of their target group. We hope this ESL health curriculum will be useful to educators interested in teaching health related topics to refugee and immigrant groups.

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STAYING HEALTHY DURING PREGNANCY

INTRODUCTION:

When refugees and immigrants leave their native countries, they lose a great deal, both that which is tangible and intangible. However, they bring with them a wealth of traditions that they can preseve in this country. Some of the traditions surrounding child birth are a case in point.

In Southeast Asian and African societies, for example, a new mother is given a great deal of support by family and friends. A mother, a sister, a friend, a mother-in-law, or a neighbor steps in to help the new mother until she regains her strength and is able to resume the demands of daily life. These women make sure that the new mother is looked after according to traditional ways; they see to it that the infant is nurtured, and that the mother is properly fulfilling her role as a mother and bonding with her baby. They take turns caring for other children in her family; they cook, clean, entertain well-wishers, and make sure that the new mother does not have to worry about day-to-day concerns in the first few days (or weeks, in some cases) following her delivery. Aside from the vital support they lend, the family and friends carry on customs practiced for generations.

As they learn about American practices, refugees and immigrants living in this country, must be encouraged to continue practicing the ways of their traditions. The positive aspects of such customs surrounding child birth must be highlighted. They provide not only material support, but also play a critical role in nurturing the emotional health of the new mother.

SUGGESTIONS:

In order to address the health concerns associated with pregnancy, we suggest inviting public health nurses or nutritionists for one or two sessions. The educator must be able to communicate the material to low English level students. We cannot overstress the importance of addressing issues in a culturally sensitive way. Try to find someone who has had previous experience teaching culturally diverse groups. It is helpful to inform the educator about the particular needs the group ahead of time. Having her/him observe a class session is also useful. Topics include:

- pregnancy induced hypertension (PIH);
- diabetes associated with pregnancy;
- the medically recommended amount of weight gain;
- sexually trasmitted diseases and the associated complications for the mother and child;
- cigarette, alcohol and drug use during pregnancy;
- a healthy, balanced diet and moderate physical exercise;

WARM UP:

1. Ask students to describe traditions around birth in their countries:

   - Write the responses on the board, and collect these for future input into stories.

2. Group together similar and different customs from each country represented in the class.

3. Use pictures of:

   - maternity wards in the U.S.
   - a baby's room
   - pregnant women in other countries

   Have students describe what they see in the pictures.

4. Chart how many women have had babies in the U.S. How many at back home? Compare notes. Share memories of problems after delivery.

Lette Has a Baby

Abeba is in the kitchen cooking some food for her friend Lette who just had a baby. Many women from the community have come to cook and clean. It is their tradition to help a close friend in times like this. Lette has the other children to take care of, and is not feeling well. During her pregnancy, her doctor told her that she had high blood pressure and diabetes. She had to stay in the hospital for a couple of days when she was eight months pregnant. Lette will have to take good care of herself in the next few weeks. She needs lots of help.

When she was carrying the baby, Lette gained several pounds. Her doctor told her to watch what she was eating. Now that the baby is born, Lette will try to lose weight and follow her doctor's advice. She is lucky to have friends like Abeba to help her. Lette's husband also appreciates the friends and family.

COMPREHENSION:

1. Who came to help Abeba after she had the baby?
2. What was wrong with Lette when she was pregnant?
3. Why was Lette's doctor concerned?
4. How much weight did Lette gain during her pregnancy?
5. What does Lette have to do to stay healthy?

FEELING:

1. How do you think Lette feels about her health?
2. How do you think she feels about her friend Abeba?
3. How does Lette's husband feel about the friends and family?

PERSONALIZE:

1. Did friends or family come to help you when you had your baby?
2. Do you still practice some of your traditions in this country? (in pregnancy and childbirth)
3. How do you take care of yourself when you are pregnant?
4. Did you have any health problems when you were pregnant?

CULTURAL COMPARISON:

1. What is the tradition in your country when a woman has a baby?
2. Do pregnant women eat special foods in your country?
3. What are some of the differences between child birth customs in your country and in the U.S.?
4. What are some difficult things about giving birth in this country?
5. What are the good things about giving birth in this country?
6. Is it alright for a pregnant woman to gain a lot of weight in your country?
7. In your country, who teaches women about staying healthy during pregnancy?

OPINIONS & SOLUTIONS:

1. How do you feel about your mother or mother-in-law coming to help when you have a child?
2. Do you think the customs in the U.S. are better for a new mother? Why/Why not?
3. What do you think are some of the problems that a new mother has when she has a baby in your country?
4. What do you think Lette should do to take care of herself after she has the baby?

STORY:

Have students write stories based on their experiences.

ESL EXERCISES:

1. Vocabulary:

a couple of (days, pounds)	pregnant
carrying the baby	pregnancy
several (day, pounds)	appreciate
high blood pressure	diabetes
tradition	custom
lucky	few

2. Discuss the meanings of the following sentence pairs.

   a. Lette gained several pounds more than she should have.
   Lette gained a couple of pounds more than she should have.

   b. My daughter had the flu and was out of school for several days.
   My daughter had the flu and was out of school for a couple of days.

   c. Abeba was pregnant 2 years ago.
   Her pregnancy went well.
   Her pregnancy was easy/difficult.

   d. During Lette's pregnancy, she saw a doctor every month.
   When she was pregnant, Lette went to the doctor every month.

   (explain "carrying the baby, but don't dwell on it - especially for beginning level students)

   e. Why does Lette appreciate her friends?
   Why does her husband appreciate them?

3. Use all the vocabulary words (except "carrying the baby") in three sentences. Be prepared to help out with questions.

4. Have students write down three sentences for each vocabulary word. Share with a partner.

5. Use of "just" as in: - Lette just had a baby.
   - Cam just had a birthday.

6. Give students commands they can perform in the classroom.

   ex. - Pick up the book.
   - Go to the window.

As student performs the command, say to the class, "_____ just picked up the book."

Then have students give each other commands using "just" and the past tense, make a sentence about the action.

7. To practice <u>will have to</u>:

   a. Pantomime looking into a refrigerator.

      Say, "I don't have any eggs."
      "I will have to buy some (eggs)."

      "What else do I need for the week? I don't have any rice."
      "I will have to buy some rice."

   b. Hand out a drawing of an open refrigerator.

      Have students draw 3 things in the refrigrator. Then, have them make "I will have to" statements.

      Expand to health issues with pictures:

      broken arm — pregnant
      hurt

      Make up "she/he will have to"

      Pretend you are pregnant. What will you have to do? What will her husband have to do? Brainstorm and write sentences.

FOLLOW UP ACTIVITIES:

1. Share ideas of ways to help a friend who is expecting a baby.
2. Divide the class into two groups and have them debate the issues such as:*

   a. It is easier to have a child in this country. Yes/No.

   b. A woman should stay in bed for a month after giving birth. Yes/No.

   c. It is O.K. for a pregnant woman to drink some alcohol Yes/No;_(define how much "some" is).

* You will need to explain to the students that a debate is not an argument and that there are no right and wrong answers. At times have students debate for a point of view they may not necessarily agree with. This enables students to analyze different perspectives.

SEXUALLY TRANSMITTED DISEASES

INTRODUCTION

Low English proficiency is a serious barrier for refugees and immigrants in terms of their ability to benefit from public education programs on sexually transmitted diseases (STDs). Even though there is effort to create awareness in disadvantaged communities, those who are unable to read or understand the English language are left in the dark.

When teaching about STDs, the need for approaching the topic in a culturally sensitive manner is of primary importance. This requires doing some homework before delving into the lesson. Talking to community workers from each cultural group, health educators who have experience teaching refugee and immigrant groups, collecting ideas and suggestions from focus groups are all helpful in becoming aware of cultural or religious taboos. Such investment ahead of time will prevent needlessly offending your students.

The objectives of the next three lessons (with a particular focus on AIDS) is to inform students about STDs so that (1) they can distinguish myth from fact (2) they can protect themselves, and (3) they can teach their children to protect themselves.

Unlike the other segments of this curriculum, this starts with providing factual information on the most common STDs. It is important to cover this before getting into the story format which is intended more for problem solving and sharing personal experience.

SUGGESTIONS:

- invite a public health nurse; pay attention to ESL level needs and cultural sensitivity;
- use videos designed for public education; careful selection is suggested as most are not intended for limited English student; we found that either the language was too difficult or too explicit;
- pamphlets and other publications are available from health care agencies and community groups; review them carefully;
- for a group consisting only of women, we found it useful to talk about AIDS in the context of staying free of STDs during pregnancy in the interest of both mother and baby;
- for a group of men and women, a more general approach can be used, emphasizing that it is equally important for the man to be free of STDs; communicate that it is important for both sexual partners to be healthy whether or not a baby is involved;
- at the point that you think students are comfortable with discussing issues concerning sex, bring condoms so that they can see what they look like and open the packages if they wish;

- in a mixed group of men and women, students may not feel comfortable discussing topics related to sex; divide the class if you feel it is appropriate.

LESSON 1:

Talk to the students about the need to learn about STDs. Communicate that staying healthy also means staying free of STDs. Ask if any of them would be offended by discussing topics dealing with sex. Respect the decisions of those who may wish not to participate. You will need bilingual interpreters who can translate the names of the STDs and some medical terms the health worker will need to use.

WARM UP:

1. Ask students the following questions. Collect all the responses without correcting any misconceptions. This will help in:

   - understanding the level of the students' awareness;
   - comparing the difference in awareness before and after the lessons;
   - compiling cultural conceptions of what causes AIDS;
   - compiling remedies used in different cultures;

   a. What is HIV?
   b. What is AIDS?
   c. What causes AIDS?
   d. What kind of people get AIDS?
   e. How can you catch AIDS?
   f. What do you think can cure AIDS?
   g. What can you do to protect yourself from AIDS?

2. Invite a health care worker to discuss STDs and their prevention. Discussion should cover:

   a. The most common STDs

      1. herpes
      2. gonorrhea
      3. chlamydia
      4. syphillis
      5. AIDS

   b. Which of these is the most frequently occuring?

   c. What, if any, are the visible signs of these STDs?

   d. Complications associated with each STD.

      1. for a woman
      2. for a man
      3. for a baby

e. Differentiate between those STDs that can be treated or cured, and those that cannot be cured.

can be cured	cannot be cured
gonorrhea	herpes
chlamydia	AIDS
syphilis	

f. Have the health care worker demonstrate how a condom is used.

LESSON 2:

Having established the above background, the teacher can move on to a more detailed discussion of AIDS. This is a long lesson and should be broken up into 2 or more sessions.

WARM UP:

1. Differentiate between viruses and bacteria. This will help identifying HIV as a virus.

   a. list illnesses caused by viruses;
      ex., the flu

   b. list illnesses caused by bacteria;
      ex., e.coli (a recent example from the Seattle area)

2. Cover some important terms that are essential for an understanding of subsequent sections of this lesson.

   - immunity: the ability to fight off a disease;
     ex. a person vaccinated against small pox has immunity for that disease; their body is able to fight off the small pox virus;

   - deficiency: lacking something necessary;
     ex. a person who has weak bones may have vitamin D deficiency; they may not have enough vitamin D necessary for strong bones;

   - defend: to protect;
     ex. a soldier defends his/her country against enemies;

   The following terms are best addressed when you invite a health care worker. Be sure to have interpreters at hand. There are bilingual dictionaries in some of the languages, Cambodian for example. It is helpful to locate such resources. The terms to cover are:

   - bodily fluids
   - semen
   - vaginal fluid
   - saliva
   - sweat
   - urine
   - tears
   - blood
   - blood products
   - hemopheliac
   - transfusion
   - fever
   - infection

INFORMATION ON HIV AND AIDS:

It is not useful to dwell on the definitions of each term in HIV and AIDS. Simply show the class what the letters stand for.

1. What is HIV?

H = Human
I = Immunodeficiency
V = Virus

- HIV is the virus that causes AIDS;
- HIV attacks/kills our T-cells;
- T-cells are like soldiers that defend our body against diseases;
- a newly infected person has no symptoms, but can infect others;
- HIV can sit in the body from 4 weeks to 42 months without being detected;
- but 95-99% test positive within 6 months of infection;
- some people feel sick sooner than others;
- some people don't feel sick for 7 to 10 years;

2. What is AIDS?

A = Acquired
I = Immune
D = Deficiency
S = Syndrome

a. AIDS is the disease caused by the HIV virus.
b. When a person has AIDS, their body is not able to fight off infections.
c. Because the body becomes weak, a person with AIDS gets many infections and cancers.

3. Does a person with AIDS feel sick?

* Tell students that if someone has any of the following symtoms, it doesn't automatically mean they have AIDS.

a. A person with AIDS can experience:

- loss of appetite
- weight loss
- tiredness
- infections
- fever
- sweating at night
- diarrhea

b. A person with AIDS may experience these off and on.

c. There are many other symptoms of AIDS not mentioned here. Please refer to publications for a more complete list of symptoms.

4. It is rather difficult to explain the concept of immunity or the immune system, but we tried the following illustration and found it effective. You may try other analogies.

   a. T-cells are like soldiers that defend our body from being invaded by enemies (diseases).

      - draw a simple diagram of the body with T-cells represented by soldiers; (other representations are O.K. as long as they convey the message in a non-offensive way);
      - show the soldiers fighting off bacteria, viruses, and parasites using different symbols for each;
      - add another symbol to represent the HIV virus attacking the soldiers (T-cells);
      - show soldiers (T-cells) declining in number;
      - without the necessary number of T-cells to defend the body, bacteria, viruses, and parasites attack the body.

   b. When the number of T-cells falls below 200, the body becomes susceptible to infections and cancers. A complete cell count of 200 or less is a positive diagnosis for AIDS (current official definition of Centers for Disease Control).

5. The connection between HIV and other STDs

   a. HIV infection often occurs in people who had STDs in the past.
   b. The immune system becomes weaker with repeated STD infection.
   c. Getting infected with an STD will make the progress of HIV faster.

6. How HIV is transmitted?

   Here the purpose is to separate myth from fact. Stemming largely from fear and lack of information, there is a lot of misconception about how HIV is transmitted.

   YOU CAN GET AIDS BY:

   a. Sexual contact with an infected person; HIV can be passed by an infected person through:

      1. blood
      2. semen
      3. vaginal secretion

b. Sharing needles used to inject drugs; HIV can be passed by an infected person through:

1. the contaminated needle

c. Transfusion of infected blood or blood products

1. during surgery or other medical emergencies
2. hemophiliacs receiving blood products

* Communicate that in the U.S. the blood supply is essentially safe after 1985. However, this does not mean it is 100% safe.

d. An infected woman

1. the majority of children get AIDS from the mother during pregnancy or birth
2. a small percentage by breast milk

e. Accidental exposure

1. health care workers coming in contact with HIV infected blood

YOU CANNOT GET HIV BY:

a. Casual contact, for example:

- touching, shaking hands, hugging, kissing on the cheeks
- sneezing, coughing
- toilet seats, swimming pools, bathtubs, showers
- chairs, telephones, door knobs
- insects

b. Giving blood

- new equipment is used for every person giving blood

c. Sexual contact with someone who does not have the HIV virus

7. How can you protect yourself from HIV?

To prevent getting HIV from sexual contact:

a. no sexual contact

- this is the safest way because the HIV virus cannot enter the body through blood, semen or vaginal fluids

b. if you have sexual contact:

- with someone new, ask them to be tested for HIV
- have sex with only one person that does not have HIV
- don't have sex without using protection
- ask about other sexual partners
- ask if the person uses drugs
- don't use drugs or alcohol; if your mind is not clear, you might forget about protecting yourself

To prevent getting HIV from needles:

a. If you shoot drugs into your body, don't share needles with another drug user.

- blood that has the HIV virus can pass from the needle into your body;
- clean the needle with bleach and water;

8. Testing information

It is important to get tested as soon as someone suspects they might be infected with HIV. Early treatment is found to be effective.

a. A person with HIV can feel and look healthy. You cannot tell just by looking at someone if they are infected with the HIV virus.

b. If you want to know for sure whether you have HIV, don't be afraid; the test is painless.

- get tested as soon as you think you may be infected;
- blood tests are the only way to find out if someone has been infected with HIV.

c. Call the local AIDS Prevention Project Hotline.

- the hotline number in Seattle is (206) 296-4999;
- they will ask you questions in order to tell you the best place for you to go for a test; this will be a center convenient for you; they will send you to a center that you can afford; no one will know the results of the test if you don't want to tell.

d. If you test positive, it means:

- you have been infected with the HIV virus;
- you can pass it to another person;
- don't have unprotected sex with anyone;

e. If you test negative, it means one of the following:

- you have not been infected with the HIV virus;
- the HIV virus may be in your body, but it is too early to tell; HIV can sit in your body for three years without being found;

9. The following "test" helps to determine whether students have understood the last 2 lessons. Compare the answers with the responses you got from the warm up exercise you did in the first lesson of this section.

SEE IF YOU REMEMBER WHAT YOU HAVE LEARNED

Directions: Write T if the statement is true;
Write F if the statement is false;

_____ 1. You can catch HIV from swimming pools, chairs, or toilet seats

_____ 2. Women cannot pass the HIV virus.

_____ 3. People who shoot drugs and share needles can get infected with HIV.

_____ 4. You cannot catch HIV from sneezing, coughing, hugging or kissing.

_____ 5. A person can get AIDS from giving blood.

_____ 6. A pregnant woman can pass the HIV virus to her unborn baby.

_____ 7. There is a shot that cures AIDS.

_____ 8. You can tell by looking at someone if they are HIV positive.

_____ 9. Using latex condoms is the best protection from the HIV virus during sexual contact.

_____ 10. There is a blood test which can tell you if you have the HIV virus.

LESSONE 3:

We have covered a lot of factual material. The following story format helps to make a connection between the information so far and personal feelings, experiences, or values.

WARM UP:

1. What are some places of entertainment that an adult couple can go to in their community?

2. Discuss the following questions:

   a. In the U.S., do single women in your community go out on dates?

   b. Is it different back home?

Keo Chay and Som Boun

Keo's husband was killed in the war in her country. Her children are grown and living on their own. Keo works and goes to the community center to learn English and also about life in America. On the weekends she is busy, but she also has fun with her friends. About three months ago Keo met a man she really likes in her class at the community center. His name is Som Boun and he is from her country. He has been calling her on the telephone quite often. He has told her many times that he likes her and would like to know her even better.

It has been a long time since her husband died, and Keo is nervous about getting too close to another man. But she likes Som Boun, and it is nice not to be lonely any more. Since he has been taking her to the community dances a lot, Keo decided to invite him over for dinner at her apartment. After dinner they talked a lot.

Som: "I told you many times that I like you, and I really mean it."

Keo: "I like you too, Som. It is nice to have someone from my country that I like also."

Som: "Keo, I have been waiting for us to be together like this for many weeks. I am glad you invited me to spend the night here."

Keo: "Wait, not so fast, Som! And I didn't invite you to spend the night, just dinner!"

Som: "This is not fast, you have known me for three months. Are you afraid of me?"

Keo: "I am not afraid of you. I am afraid of all the diseases the nurse talked about at the community center."

Som: "You mean AIDS? Keo, look at me. Do I look like I have AIDS?"

Keo: "I don't know. Remember the nurse said you can't tell if someone has AIDS just by looking at them."

Som: "Don't you trust me? I thought you liked me, Keo."

Keo: "I do like you, but I think we should protect ourselves like the nurse said."

COMPREHENSION:

1. Where do Keo's children live?
2. Where did she meet Som Boun?
3. What do Keo and Som Boun study at the community center?
4. What did Keo invite Som Boun to do?
4. What did they talk about after dinner?

FEELING:

1. How do Keo and Som Boun feel about each other?
2. In the story what makes Keo feel nervous?
3. What does Keo say she is afraid of?

PERSONALIZE:

1. Do you or women you know worry about the same things that Keo worries about?
2. If you worry about getting AIDS, would you ask your husband or boyfriend to use protection?

CULTURAL COMPARISON:

1. In your culture is it alright for a woman to invite a boyfriend over for dinner?
2. If Keo lived back home in her country (Laos), would she ask the man to use protection? Why/Why not?
3. Did you learn about AIDS before you came to this country? If so, is what you learned here the same or different?

OPINIONS & SOLUTIONS:

1. Do you think Som Boun will agree to use protection?
2. Do you think Keo did the right thing by asking Som Boun to use protection?
3. If Som Boun refuses to use protection, what do you think Keo should do?

STORY:

Using the responses generated by the questions, opinions, and solutions, ask the students to finish Keo and Som Boun's story.

ESL EXERCISES:

1. Vocabulary:

often	really
weekend	country
killed	better
grown	trust

2. Have students read the first paragraph of the story with the vocabulary words above underlined. Review the meaning of the underlined words. Use context to help whenever possible.

3. Have students complete the following fill-in-the-blank exercise:

   Keo's husband was _____ in the war in her country. Her children are _____ and living on their own. Keo works and goes to school to study English. On the _____ she is busy.

4. Use of <u>afraid</u> and <u>nervous</u>

   a. Introduce usage of these phrases by refering to the story:

   - In the story, Keo is <u>nervous about</u> getting too close to another man.

   - She is <u>afraid of</u> all the diseases they talked about in English class.

   b. Ask students

   "what are you nervous about or afraid of now?"

   List responses on the chalkboard. Have each student write down three responses that are true for them. In pairs or triads, have students with similar concerns talk with each other about what makes them nervous or afraid what they can do about it.

   Refer to Keo in the story, if necessary. She has fear of sexually transmitted diseases, so she tells Som Boun they should protect themselves.

   Have students write down their ideas for solutions. Collect student responses and make a handout to discuss at the next class. Add any other ideas for solutions that come up during the discussion.

5. Use of trust

   a. Som Boun asks Keo, "Don't you trust me?"

      - What does it mean to trust someone?
      - Write down people you trust in the U.S.
      - Write down people you trusted in your country.
      - Compare lists with another student.

6. Use of on the weekends and sentences with ... but...also

   a. The story says, "On the weekends she is busy, but she she also has fun with her friends."

      - Have students make up sentences that are true for themselves or for their children.

        ex. On the weekends I _____ , but I also _____ .

            On the weekends my daughter _____ , but she also _____ .

        This exercise can be expanded to include the phrase "during the week".

FOLLOW UP ACTIVITIES:

1. Select an appropriate video (as discussed in the introduction) to show to your class.

2. Prepare questions before you show the video and ask students to listen for the answers.

3. Play the video in segments, pausing to recap the information at the end of each segment; ask for reactions.

TALKING TO CHILDREN ABOUT SEX AND STDs

INTRODUCTION:

This is a difficult and awkward subject for most refugee and immigrant parents to talk to their children about. In the case of most women, they never had any conversation about sexuality with their mothers. In fact, all of our students indicated that what little they knew about sexuality, they found out from other children. In some cultures information is purposely withheld from girls to discourage them from experimenting sexually. In others, only boys are taught about sexuality - by a grandfather, an uncle, or other elder figures in the community.

As we have discussed earlier, the children adapt to the values of this society much faster than the parents. Children get information from sex education curriculums in school, from the media, and of course from other children. This leaves refugee and immigrant parents behind in their role as their children's teachers.

We intentionally put this lesson following the lessons on STDs because we want students to think about applying the knowledge they have gained to their role as parents.

WARM UP:

1. Invite a school nurse/counselor from your local school district to tell parents what children are learning in school about sexual health.

   - have the educator bring the school curriculum for parents to look at.

2. Invite a health care worker to talk about data on teenage sexual activity, teenage pregnancy, the prevalence of STDs among teenagers, etc.

3. Collect pamphlets and brochures about birth control and STD prevention, from local clinics and agencies such as Planned Parenthood.

   - Prepare questions about the information in each pamphlet and have students work in groups to answer the questions.

   - Circulate the pamphlets among the groups until each group has seen every one.

4. Where do children learn about sex? Brainstorm a list and write it on the board. Ask the students to write the list down and circle the ones they think are good ways for children to learn.

Should I Teach My Kids About Sex?

At the Women's Center a nurse came to the adult ESL class to talk about the kinds of diseases that someone can catch through sexual contact. They learned it was important for everyone to know about protecting themselves from diseases someone can catch by sexual contact.

One day the teacher asked if they thought it was also important to teach their children about sex and the kinds of diseases someone can catch by having sex.

The teacher wrote on the chalkboard: SHOULD WE TEACH OUR CHILDREN ABOUT SEX? Then she divided the students into two groups and said they were going to have a debate. One group was for the side saying, "yes, we should teach our children about sex". The other group was for the side that said, "no, we should not". There were many ideas on both sides.

COMPREHENSION:

1. What did the students at the Women's Center learn?
2. What did the teacher ask the students?
3. What did the teacher write on the chalkboard?
4. Did everybody in the class agree on teaching their kids about sex?

PERSONALIZE:

1. Which group do you agree with? Why?
2. Do you have more worries about a son or a daughter? Why?
3. Is it easier for you to talk to your daughter or your son about sex?

CULTURAL COMPARISON:

1. In your country who teaches children about sex?
2. Do children have sex before marriage in your country?
2. In your country what happens to girls if they become pregnant without being married?

OPINIONS & SOLUTIONS:

1. Do you think teaching children about sex means that you it's O.K. for them to have sex? Why/Why not?
2. What would you do if you found out your teenage daughter was pregnant?
3. What would you do if you found out your teenage son had a sexually transmitted disease?

STORY:

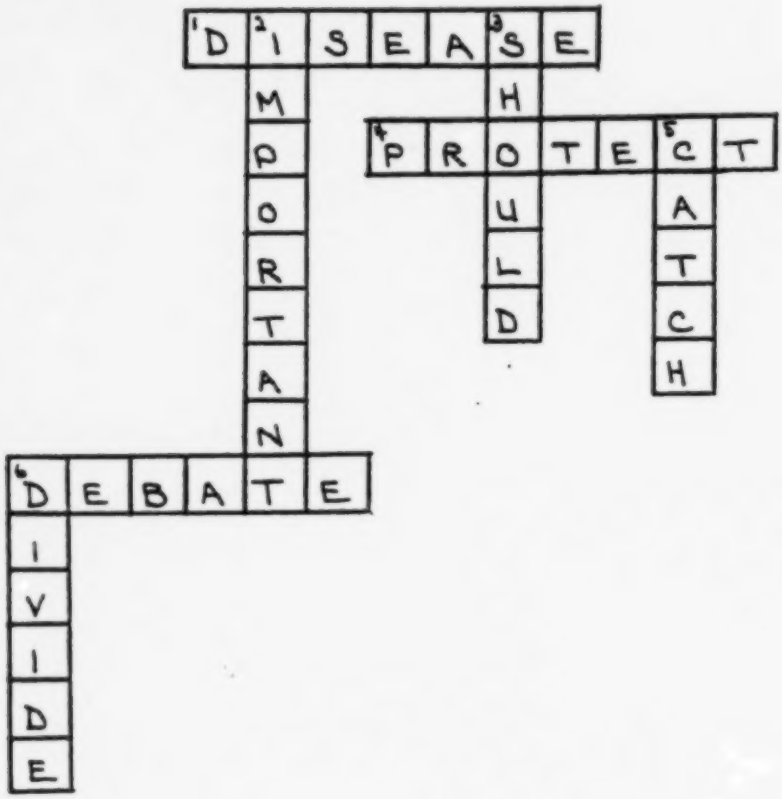
Write a story about what you want to tell your children about sex.

ESL EXERCISES:

1. Vocabulary:

Have students read the clues and use the story for context to complete the following crossword puzzle:

Answer key:



CROSS WORD PUZZLE

ACROSS

1. an illness; something that can make someone ill or sick;

4. to keep safe;

6. a meeting in which a question is talked about by at least two different people or groups who have different opinions;

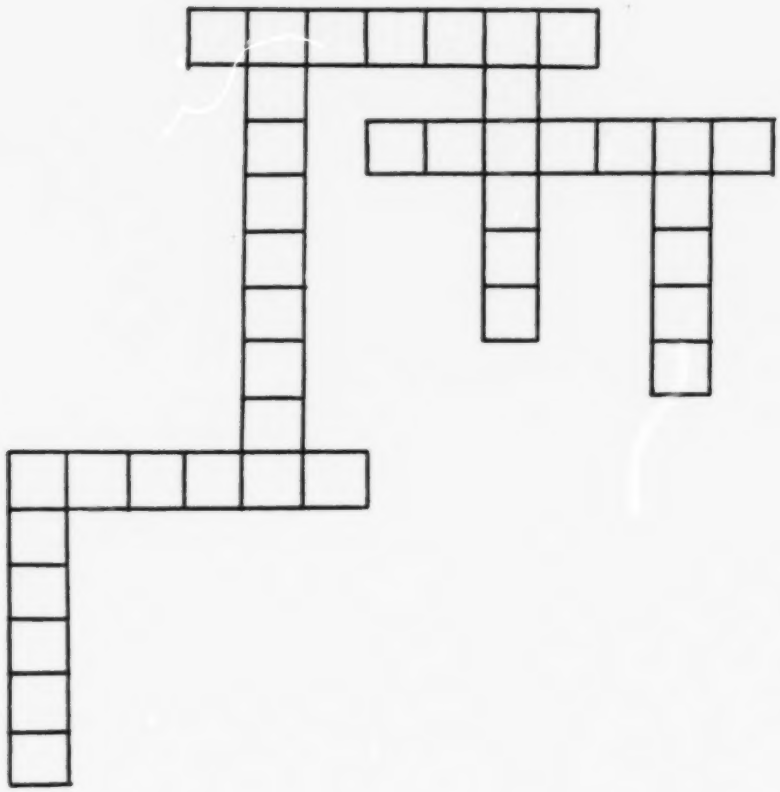
DOWN

2. having great value or being useful;

3. must do (because it is important to do it);

5. to get an illness;

6. to separate into parts or groups;



2. Using the same vocabulary from the crossword puzzle, complete the following sentences:

disease	protect	important	divide
should	catch	debate	

a. This class is too big. We must _____ it and make two classes.

b. There are many _____ that are dangerous to young children.

c. Family and friends are very _____ to me.

d. In school, we sometimes have a _____ to talk about different ideas students have. We don't have a _____ when we all agree.

e. Last week my daughter had a cold. Now I have it. I often _____ a cold from my children.

f. It is Ana's birthday next week. We _____ have a party!

g. Warm clothes _____ us from cold weather.

3. Have students make up two sentences of their own using the same vocabulary.

4. Ask, "What else should parents teach their chilren?" Make a list on the chalkboard. Have students write down the three most important things parents should teach their children. In pairs, have students explain their choices.

FOLLOW UP ACTIVITIES:

1. Role play different conversations related to sex that parents and children might have together.

   a. a daughter wants to use birth control;
   b. a son brings home from school handouts about AIDS;
   c. a daughter/son is old enough to go on dates;

2. As in the story, divide the class into two groups and have them debate the issue, "Should we teach our children about sex?"

TALKING TO CHILDREN ABOUT DRUGS AND ALCOHOL

INTRODUCTION:

In teaching about health concerns, we cannot ignore addressing the problem of alcohol and drug use by children, particularly teenagers.

While many refugee and immigrant parents struggle to learn the language and customs of their new country, their children catch up to the prevailing values of the new society much faster than their parents. For some teenagers an unfortunate result of their biculturalism, is that they also fall victim to the culture of alcohol and drugs.

There is nothing in their background that would have prepared them for this. Because many parents' English language proficiency is low, they are not able to benefit from the public education programs on drugs and alcohol. Very few of them even know the most common drugs used in this society. Still fewer know the telltale signs of drug use, or what to do when a son or daughter starts taking drugs or alcohol. By the time the parents become aware of what is happening to their child, it is often too late.

This curriculum hopes to contribute to the wellbeing of the family unit by educating refugee and immigrant parents about the different kinds of drugs children can be exposed to; about the importance of talking to their children and being approachable in times of trouble; about teaching their children early in life so that the children themselves can make the right choices. It also seeks to teach parents about some typically difficult periods teenagers go through; about the physical and emotional changes teenagers experience; and about peer pressure.

SUGGESTIONS:

It is possible for the teacher to do the necessary research on the various illegal drugs and alcohol, and their harmful effects. However, in addition, we find it useful to invite educators from public schools, for example, who may be more familiar with the issue of drugs and alcohol as it relates to children. Community educators specializing in drug awareness are also an excellent resource. Invite a police officer to talk about gang activity and drug use or drug dealing by children. Topics include:

- physical & emotional changes in teenagers; peer pressure;
- the most commonly used drugs and alcohol;
- the health dangers associated with tobacco, alcohol, and illegal drugs;
- the teenage years as the time when most people start smoking cigarettes;
- pictures of the paraphernalia used with each drug;
- pictures to show what the drugs look like;
- street names used for these drugs;

- behavior and appearance changes in children using drugs;
- how to get help if you suspect your child is using drugs;

We suggest you invite the educators before going into the lesson below. This will help in providing some basic knowledge about the above topics.

WARM UP:

1. Ask the students to list teenage activities in their native countries and in the U.S. Which ones are similar? Which ones are good activities for teenagers? Why?

2. Define the following terms:

   - teenager
   - puberty
   - elementary school
   - middle school
   - high school
   - physical change
   - emotional change
   - peer pressure
   - drug abuse
   - drug addiction

3. Ask the students to brainstorm a list of concerns and a list of expectations for their children, especially teenagers. Practice the sentences:

   - I worry about _____ .

   - I hope my son/daughter will _____ .

4. Discuss the emotional and physical changes that happen during puberty.

Don and His New Friends

Don is 13 years old and goes to middle school. His mother is worried that his new friends are bad for him. She does not like the way they dress and the way they talk. Don seems to have changed ever since he made these new friends. He does not do his school work, and he is mean to his younger sister and brother. When his mother asks him to do some chores around the house, he is rude to her. He walks out of the house and slams the door behind him.
His mother and father think that maybe he is sick because sometimes his eyes get red and he has a runny nose.

They told a family friend about the problem they were having with Don. The friend said, "My nephew was acting just like Don. We found out that he and his friends were using drugs." Don's parents were shocked to hear this.

COMPREHENSION:

1. What grade is Don in?
2. Is Don helpful to his mother?
3. What do Don's parents think is wrong?
4. What did the family friend say is wrong with Don?

PERSONALIZE:

1. Do you know any families that have the same problem as Don's family?
2. Do you think your children feel comfortable talking to you about their problems?
4. Do you have any teenagers who act like Don? What do you do to solve the problem?
6. Do you worry that your children may try drugs?
7. What would make you think that your child is smoking cigarettes, or using drugs and alcohol?

CULTURAL COMPARISON:

1. Are there drugs in your country?
2. Do teenagers take drugs or alcohol in your country?
3. Do teenagers smoke cigarettes in your country?
4. In your country, what do teenagers do that gets them them in trouble?

OPINIONS & SOLUTIONS:

1. What do you think Don's parents should do to find out for sure if Don is using drugs?
2. What would you do if you thought that your child was smoking cigarettes or using drugs or alcohol?
3. Do you think that parents can stop their children from smoking, drinking, or using drugs?

STORY:

Write a story using the shared experiences of the students.

ESL EXERCISES:

1. Vocabulary:

   Match the words to their definition.

- chores	- not kind; not willing to share or help
- rude	- to be surprised, usually in an unhappy way
- shocked	- work that needs to be done around the house
- mean	- not polite
- worried	- anxious; thinking about something all the time

2. In the story, Don's parents think he may be sick because his eyes get red and he has a runny nose. Think about times your children have been sick.

   - Why did you think they were sick?
   - How would you describe it to a nurse or a doctor?

   I thought he was sick because: (brainstrom on chalkboard)

   - he had a runny nose;
   - she had a fever;
   - she looked very tired; ect.

3. To practice explaining why someone is sick:

   Bring pictures of people with a variety of health problems. Some can be clearly depicted, some can be of someone just lying in bed and students must "create" an illness or a reason for the person to be sick. Have students ask and answer questions about the pictures.

   Q. Why do you think she is sick? or
      What is wrong with her?

   A. He is tired all the time.
      She has a headache, etc.

4. To practice <u>when</u> phrases:

   Have students discuss in small groups their answers to these questions:

what happens when - you ask your child to do some chores;
- your child comes home late;
- you talk to friends about a problem;
- you talk to your children about sex;
- you think your child is sick;

5. Don's parents were shocked to learn that he might be taking drugs.

   a. Do you worry that your children may try drugs?
   b. What would make you suspicious that your child may be using drugs?
   c. What would you do if you thought your child was using drugs or alcohol?

FOLLOW UP ACTIVITIES:

1. Divide the class into two groups and have them debate the following issues:

   a. It is normal for children to try smoking, drinking, or drugs; they are just curious. Yes/No

   b. Alcohol is a drug. Yes/No

2. Invite a school counselor who teaches children about staying drug free.

COPING WITH ILLNESS

INTRODUCTION

We included this topic because our curriculum attempts to address not only some topics on physical health, but emotional health as well. Refugee and immigrant families are separated from the vast network of the extended family which they enjoyed or had in their native countries. Even those who are fortunate enough to come to this country with some members of the extended family, have left behind or have lost many more who played an important role in providing material and emotional support.

This loss becomes evident especially when a member of the family here falls ill for any length of time. In the absence of an extended family, the added responsibility of caring for someone often falls on a daughter or daughter-in-law. Due to language and cultural barriers, older refugees and immigrants may not have access to American health support services. This is a source stress for many refugee and immigrant families. Unfortunately, there are few if any sources of support for a family finding itself in this situation.

The objective of this lesson is to allow students to talk about similar problems they may have, and to discuss what possible solutions they think are feasible.

WARM UP:

1. Brainstorm a list of common illnesses and discuss folk remedies that are practiced in different cultures.

2. Invite a folk healer to class. (Or ask students to demonstrate traditional healing techniques.)

3. Ask students to write down those people they consider to be members of their family here in this country.

Mai's Mother is Sick

Mai lives with her husband, her three children and her mother. When they left the refugee camps, no one in her family was left behind. Mai always felt lucky for that. She also thinks that her children are lucky to have their grandmother live with them.

But about two months ago Mai's mother fell and broke her hip. Mai's mother used to be very active. She even helped with housework. Ever since her accident, she stays in bed and does not do anything at all. Mai has to help her mother get out of bed, bathe, and walk around. She also has to do all the cooking, cleaning, washing and other housework by herself. At the end of the day Mai gets very tired. Sometimes she is impatient with her children, and talks harshly to them.

It used to be so much nicer before her mother broke her hip. Now it seems everyone in the family is always arguing and unhappy. Mai wishes she had someone to help her, but she is not sure where to turn.

COMPREHENSION:

1. Who does Mai live with?
2. Why does Mai feel she is lucky?
3. What happened to Mai's mother?
4. What does Mai have to do for her mother?
5. Why is Mai impatient with her children?

PERSONALIZE:

1. Has anyone in your family been sick for a long time?
2. Are you worried that someone in your family could become sick for a long time?
3. If you need help, do you have anyone you can call?
4. Have you ever helped a sick friend? What did you do?

CULTURAL COMPARISON:

1. In your country, who helped you when you or a family member was sick?
2. What are the good points and the bad points about living with an extended family?

OPINIONS & SOLUTIONS:

1. What do you think Mai should do to get help?
2. Do you think Mai's story is similar to what happens to some refugee families you know?
3. What do refugees need in this country to better cope with an illness in the family?

STORY:

Have students write stories sharing any similar experiences they may have had with the story's character, Mai.

ESL EXERCISES:

1. Vocabulary:

left behind	lucky	hip
active	impatient	to wish

Write on the chalkboard first or one at a time as you read the passages below:

a. Read a sentence or passage with the vocabulary word(s) in it. Ask students to guess the meaning of the word(s) and role play the scene.

- On my son's first day of school, he didn't understand all the school bells. He went outside for recess and was left behind when the bell rang and all the other children went inside.

- One day I was very tired. I was waiting for the bus with my children. My children were too active. I was so tired and the bus stop was on a busy street. I yelled at my children. I was impatient.

- Once when I was pregnant, I fell on the sidewalk. I thought I had broken my hip or hurt the baby. I called the Clinic. They asked me many questions. I was lucky. I had not broken my hip and the baby was fine.

- The first time I took my son to the Clinic by myself I was afraid. I had been in Seattle for just two months and my English wasn't very good. I wished someone would help me speak English to the nurse. When I arrived at the Clinic, I was very lucky! A nurse spoke my language. She was busy at first so I had to wait for a long time. But I was happy to have her help. My wish had come true.

2. Verb Tenses:

a. Draw lines connecting the present tense (today) verb to the past tense (yesterday) form:

present	past
live	left
fall	had
help	stayed
leave	lived
has	fell
stay	broke
break	helped

b. Circle the verbs from this chart in the story. Make your own sentences using some present tense verbs and some past tense.

3. "Used to be":

a. Review the use of this phrase in the story:

"It used to be so much nicer before her mother broke her hip."

b. Brainstorm other sentences using,

"It used to be so much nicer before ... "
or
"It used to be so much nicer when ..."

c. Have students pick two sentences and explain why they feel it use to be so much nicer. Then, have them write down the two sentences they chose and explain why in writing. Discuss what can be done about any of the situations students come up with.

To focus on the more personal and positive:

d. Review the words <u>afraid</u> and <u>nervous</u>. Then read the following sentences as examples:

I used to be afraid to go to the Clinic by myself. Now I am not afraid to go by myself.

I used to be nervous about meeting my child's teacher. Now I am not.

e. Ask the students, what did you used to be nervous about or afraid of that you are not now? Write responses on the chalkboard. Have students write five responses that are true for them. Have the students read aloud their responses to the class.

FOLLOW UP ACTIVITIES:

1. Have students make a medical emergency card to keep at home. Examples of what to include on the card:

- poison control phone number
- phone number for the nearest clinic or the one they go to
- doctor's name and phone number
- pediatrician's name and phone number
- special medical condition they have (ex. diabetes, epilepsy, heart condition, etc...)

Write out important sentences to tell on the phone.

2. Using the information on the card they made, have students role play in a medical emergency situation.

3. Visit a nearby clinic. Take a tour, collect information on services available to patients. (ex. interpreters)

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